PURCHASE ORDER REQUISITION

CDS Family & Behavioral Health Services, Inc.

1218 N.W. 6th Street, Gainesville, Florida 32601 Tel. 352-244-0628

*** **PLEASE NOTE: Purchase Order Requisitions are due by 10:00am Tuesday morning. Any request received after the 10:00am deadline will be reviewed the following Tuesday.** ***

Instructions to the Fiscal Department: (check all that apply)

☐ Please give P.O. # to _____

☐ Please give check to _____

☐ Please mail a check to the vendor.

☐ We will be billed by the vendor.

Vendor: _____

Tax Exempt #: 11-06-024308-56C

Purchase Order #: _____

(P.O. # must be shown on invoice.)

Date of Order: _____

Date & Time Needed: _____

Special Instructions: _____

PROGRAM: _____

Item	Description	Quantity	Unit Price	Amount

Less Discount	
Plus Shipping	
Total	

_____ _____

Coordinator / Supervisor Date

_____ _____

Fiscal Officer Date

_____ _____

CEO/COO Date